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Attorney Docket Number **DECLARATION FOR UTILITY OR** First Named Inventor Reginal **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Declaration Submitted OR Submitted after Initial Art Unit With Initial Filing (surcharge (37 CFR 1.16 (e)) Filing **Examiner Name** required)

I hereby declare that:											
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.											
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
combination Toothbrush and Flossing Device											
(Title of the Invention)											
the specification of which											
is attached hereto											
OR											
was filed on (MM/DD/YYYY) 3/25/2004 as United States Application Number or PCT International											
Application Number 10/808, 685 and was amended on (MM/DD/YYYY) (if applicable).											
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.											
I hereby claim foreign priority											
inventor's or plant breeder's ri											
country other than the United States of America, listed below and have also identified below, by checking the box, any foreign											
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?							
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	Yes No							
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.											

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer Nu	mber:			c	DR [Corr	espondence address	below	
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united States 269-792-1388										
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false										
statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor										
Given Name					Family Name					
(first and middle [if any])	ginald	500	1		ors	urname	$^{\circ}$ R	aab		
Inventor's	- 11	//			•			Date /		
Signature // Council // 7/7/04										
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Given Name						ly Nam	ө			
(first and middle [if any])					or Su	rname				
Inventor's Signature								Date		
Residence: City	State			Country			Citi	 zenship		
Mailing Address										
City	State			ZI	P		Cou	intry		
	·									
Additional inventors or a legal re-	presentative are being na	med on th	es	upplementa	l sheet(s)	PTO/SB	/02A or 02L	R attached hereto.		